

CMS STAFF DATA *(Distinct Part Only)*

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| Hospital | Survey Dates |
| Number of Unit/Wards | Average Daily Census |

NURSING STAFF (FTEs) ASSIGNED TO DIRECT PATIENT CARE

| Shift | R.N. | L.P.N. | M.H.W./Tech | Clinical Specialist |
|--------------|------|--------|-------------|---------------------|
| Day | | | | |
| Evening | | | | |
| Night | | | | |
| TOTAL | | | | |

| |
|---------------------------------|
| Signature of CMS Nurse Surveyor |
| Signature of Nursing Director |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0378. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.